

# **Summary Minutes**

Regular Meeting of the  
**Emergency Medical Services Regulatory Board**  
**Data Policy Standing Advisory Committee**  
**1 p.m., November 14, 2011**  
Conference Room A, 4<sup>th</sup> floor  
2829 University Ave. S.E., Minneapolis

## **Members Present**

Paul Satterlee, M.D., Chair  
Renee Donnelly  
Patrick Egan  
Tom Fennell  
Marty Forseth  
Curtis Fraser  
Suzanne Gaines  
Kathleen Haney  
Darel Radde

## **Members Absent**

James Aagenes  
Lee Pyles, M.D.  
Aaron Reinert

## **Guests**

Clif Giese  
Leslie Seymour  
Dave Zaiman

## **Staff**

Pam Biladeau  
Melody Nagy  
Robert Norlen

### **I. Welcome and Introductions**

Dr. Satterlee called the meeting to order at 1:09 p.m.

### **II. Approval of Agenda**

Mr. Radde moved approval of the agenda. Mr. Fennell seconded. Motion carried.

### **III. Approval of August 8, 2011 Minutes**

Ms. Donnelly moved approval of the August 8, 2011 minutes. Mr. Egan seconded. Motion carried.

### **IV. Pre-hospital Care Data Workgroup**

Dr. Satterlee said that based on legislation this year a six member workgroup was formed with three MAA members and three EMSRB members to review data collected by the State. The report is due to the EMSRB by July 2012. The members named to the workgroup are: Randy Fischer, Suzanne Gaines, Clif Giese, Aaron Reinert, Mark Schoenbaum, and Paul Satterlee. Ms. Gillquist was present representing the Minnesota Ambulance Association. The first meeting was to decide the workgroup purpose and focus followed monthly meetings.

Dr. Satterlee said that this has implications to this group because the workgroup will be making recommendations to the Board on data collection. Dr. Satterlee read the charge of the workgroup.

Ms. Seymour asked about the phrase "ease of use" for whom. Dr. Satterlee replied that it was discussed from the perspective of entry of data and providing reports. This was vague in the legislation. Dr. Satterlee said that a representative of MAA asked if DPSAC and this workgroup were redundant. He said that he did not know about DPSAC.

Dr. Satterlee said that we are discussing useful concepts in this workgroup. The people from outside this group can provide a different perspective. Ms. Seymour commented that from the user side it is different than the state using the data. Dr. Satterlee asked for an email on the position of the state for maintaining information in the data set. Ms. Seymour said she has a report she can provide to the committee chair. Mr. Fennel said that he has been asked to be an alternate to the workgroup and will be attending meetings.

Ms. Gaines said that she appreciates Ms. Seymour's comments. We could solicit comments from rural ambulance services about the data use.

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### **V. EMSRB Staff Updates**

Ms. Biladeau said that in your packet there is information on the data analyst position. This is money from a public safety grant. This format is being reviewed for approval. This has been approved by the Executive Committee. It looks like it will support the pre-hospital care workgroup. There is room to add items for discussion from pre-hospital care and DPSAC. We are looking forward to providing reports, looking at quality assurance, and developing pilot projects. This person will provide orientation to the system and there will be new reports that services can use. This is one year position with an option for a one year renewal. We will be including partnerships with other organizations. We have information regarding data collection from NEMESIS, STAC, CARES, and EMSC.

### **VI. Staff Report**

Mr. Norlen provided the report on data requests. This is a revised report to provide information on the review of data before it is released. Each report is reviewed and meets data practices requirements in Chapter 13. We provide data in summary format that cannot lead to patient identifiable data. We exclude information that could lead to patient identifiable information.

Dr. Satterlee asked if the requests are summarized by Mr. Norlen or is this language from the requestor. Mr. Norlen said that is his summary.

Mr. Giese asked if staff looks at the business logic. Is this for competition? Mr. Norlen said that we get a lot of requests from other ambulance services. The data is public as long as it is non identifiable. I understand the concern about the business piece. If there is anything the committee wants to discuss and would want to bring a recommendation to the Board to change the release of data for business practices. Mr. Giese said that he feels this data is only looked at for business purposes.

Ms. Gaines asked if the Board should change the statute. A state employee must provide data requested. Dr. Satterlee said that this would require a legislative change.

Mr. Fraser said that some data is proprietary and we do not share that data at MDH. Ms. Gaines said she discussed this with the county attorney. She also discussed this concern with Mr. Fischer after the workgroup meeting. Mr. Fraser said that there are statutes that prohibit sharing data.

Ms. Biladeau asked about the classification and said that staff discussed this with our Attorney General when a report was provided to me. The Attorney General said that as long as it is not patient identifiable then everything else is able to be released. The proprietary information may be different.

Dr. Satterlee asked that we repeat the question to the Attorney General and ask about trauma system data releases and the policy at MDH. If this is how the committee wants to go I will bring this forward to the Board. Mr. Radde asked that this move forward to the Board – this will give reassurance for data quality. Dr. Satterlee said that we would need to change our policy that there are certain things that we will not release.

Ms. Gaines said our intention to the Board is that the Board is compliant with Statute on release of data. This is a politically sensitive issue. We need to assure that the statute is correctly implemented.

Mr. Forseth asked about public data. Who is transporting to what hospitals in my county.

Mr. Fennell asked what the intent is, improving patient care? Maybe we need a reclassification of data. We need to emphasize patient care.

Dr. Satterlee said if we change a process we need to be clear on why we change a process and communicate that through the Executive Director to staff.

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Mr. Norlen said that we have had this discussion before. He read the data release policy approved by the committee and Board. If information is requested about a specific ambulance service a copy of the summary data is provided to the ambulance service that the summary data was requested about.

Mr. Fennell said that we were one of the services that information was requested about. We need to look at that decision. Mr. Norlen said that this can be reviewed. We need to exercise our options and also protect ambulance services.

Ms. Biladeau said she will look at this again with the Attorney General's Office and will also have a conversation with Mr. Held because there are concerns about the release of data and she said that she also shares these concerns. Mr. Radde asked for a report at the next meeting.

### **Provider Data Submission Report – September 2011**

Mr. Norlen referred members to the MNSTAR submission report. This provides specific information about services. This may be a questionable report to be public information because it provides numbers of runs per service. Mr. Norlen said that the grey shaded information provides information on non compliance. Mr. Radde said that we want to assure that runs are entered. Do we need to see the names of services or just the ones that are out of compliance?

### **Committee Appointment**

Mr. Norlen said that Mr. David Waltz has requested appointment to the committee. This would be a Board action. Mr. Norlen said that Senator Kubly has left the Board and that is the vacancy. Mr. Norlen read the IOP that provides the makeup of the committee. Mr. Waltz would represent hospitals and would be considered public interest and would balance the committee. The committee can be 8 to 12 members.

Mr. Fennell moved that you ask the Board to appoint Mr. Waltz as a committee member. Mr. Forseth seconded. Motion carried.

## **VII. MNSTAR Improvement Grant 2012**

Dr. Satterlee said that we will be discussing progress of the committee and use of the data. Ms. Biladeau provided a handout regarding the hiring of the data analyst. She said that we appreciate this grant opportunity. Ms. Haney said money is being rolled forward this year. It is our intention to fund this position for two years.

Ms. Biladeau said that additionally there is \$40,000 for MNSTAR improvement and the committee discussed applying for dollars. The second handout is a draft proposal for the \$40,000. Does this meet the intent of the committee? Ms. Biladeau said she would like to open this up for discussion. Dr. Satterlee asked if anyone wants changes to this handout. Ms. Gaines asked about the timing. The dates are open on this letter. Version 3.0 is not yet finalized. Are we going to be able to spend this funding within the timeline?

Ms. Haney said we did not receive responses from ambulance services about cost of transition. This is an effort to have services look at the costs. We do not know the transition timeline. Mr. Fennell said that people will not walk away from free money it is just that we do not know what will be involved in training staff or other costs. Mr. Giese asked if this money is to be used to hire staff. Dr. Satterlee suggested that we will keep this on hold until we have firm dates. Mr. Norlen said this grant ends September 30, 2012.

Mr. Norlen said that the Board deadline for services to have version 3.0 implemented is December 2012. Ms. Biladeau said that she discussed this deadline with the Board Chair and we are looking at what to do about this deadline. We will be discussing this further with the Board.

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Mr. Norlen said that at the March 2010 Board meeting the Board approved version 3.0 to be implemented by the second quarter of 2012. The Board asked for cost information on the transition. NEMSIS has finalized 3.0 documents. Software vendors say they will be ready by the first quarter of 2012 and go through testing. Major vendors say they will be ready for compliance testing in 2012. The final timeline would be December 31, 2012. All services would be transitioned to 3.0 and this would allow for purchasing of software.

Dave Zaiman (ImageTrend) said that is our goal – NEMSIS is finalizing the testing process and ImageTrend will be ready when NEMSIS has rolled out compliance testing process.

Dr. Satterlee asked how long for compliance testing to reach a final product for purchase by ambulance services. Mr. Zaiman said we must have final software for testing and then have a rollout to assure that this works for our clients. We would be ready in a couple months. We will support both versions until 2015 or 2016.

Dr. Satterlee said that ImageTrend is ready and at the end of 2012 with the current deadline this leaves a short window for all services being in compliance. We need to look at our deadline.

Ms. Gaines again asked if we can spend the \$40,000 by September 2012. Ms. Haney said that we will look at that with Ms. Biladeau and there is a possibility to request an extension for the grant funding.

Mr. Radde asked about the evaluation criteria by the EMSRB the grants must be within the categories listed on the handout. How do you identify what is reimbursable?

Ms. Biladeau said that this is a draft for discussion. What is allowable in the grant? What does the committee think would be helpful in implementation of 3.0? This may be an incomplete list. We are looking for review criteria. Ms. Haney said that this money is coming from National Highway Traffic Safety/Traffic Records fund and must show system wide improvement for EMS data. Mr. Radde said that the language regarding those applying for direct data entry should be removed.

Dr. Satterlee asked for a report from Ms. Haney on funding requirements and that this is placed on the agenda for the next meeting. Mr. Norlen said that the committee will be reviewing the applications received and making recommendations for funding. Mr. Radde said that he would like to see the committee set parameters and not review the funding requests.

Ms. Biladeau said that there are requirements from grants management and I will be reporting back to the committee. We will be looking at a review committee of persons who would not be applying for the funding. Dr. Satterlee asked for information for the next meeting.

Ms. Gaines said that services have been asked about their costs. Dr. Satterlee said that this was requested last year we did not hear back from anyone in 2011 and that information was provided to the Board. Mr. Norlen said that in January 2011 the Board decided the implementation date and at the March meeting this was discussed again and changed to December 2012. We will be providing a system upgrade. Services using third party software may have costs for the change.

Mr. Fennell asked how ambulance services are going to know how much this is going to cost until they can complete this. Ms. Biladeau said that she discussed this with the Board Chair and we talked about reviewing these dates on Thursday at the Board meeting. Ms. Biladeau asked if the committee has a recommendation.

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Dr. Satterlee said that I am unclear about the recommendation about receiving costs. We decided to move forward to 3.0 and Mr. Norlen said that services were asked to talk to their vendors. Mr. Norlen said that there will not be a software cost for ImageTrend users this is an upgrade. There will be associated costs for training. I have talked with other vendors and a majority of them have told me that transition to version 3.0 will be a software upgrade within their current contract. Mr. Norlen said that there are two different things. The final documents for software vendors and compliance testing are two different things. The documents are available on the website. The compliance testing is not completed yet. Software vendors have been meeting with NEMSIS. Software vendors should be able to provide information on costs to services. Mr. Fennell asked about soft costs – what will this cost in staff time and how do we budget for this and fit this into our already tight budget. Will the training be 15 minutes or 4 hours?

Mr. Zaiman said that we know the differences in elements. We will look at the flow of the entry of information. Training costs vary by company.

Mr. Egan said we should know how much time is involved in the training.

Mr. Zaiman said we have spent considerable time in software development. How will this look on the web-page is a variable. He says he sees this as an hour or two of training.

### **VIII. DPSAC Initiative 4 Workgroup Presentation**

Dr. Satterlee thanked Ms. Gaines for her assistance in coordinating the workgroup meetings.

Ms. Gaines said that this is a long standing initiative on the work plan. We have had four meetings to talk about meeting this goal. We want to provide data reports to providers and the Board. Model reports have been developed for committee discussion and approval. The reports were demonstrated in a presentation.

#### Operational Reports

Mr. Giese said that we want to know run volumes by service by quarter. (By hour and day of the week with comparison by region and state) this will assist in staffing levels.

#### Operations Response Times

Mr. Giese said that this is 9 11 response (type of service requested is a filter) to on scene. This should be provided quarterly. This has been useful in Hennepin County.

Mr. Radde said that services will question this data. Services doing inter-facility transports will include their data. This will require education by services to correctly provide the information. Mr. Norlen said that this will be based on the data definitions document. Ms. Gaines said that we may need to provide another filter to make this report more accurate. Mr. Radde said that we must provide the exclusions. Dr. Satterlee asked for a different title on the report (Number of runs in interval). Mr. Fennell asked for cumulative percentages. Ms. Gaines said that this will make the report more complex. We want to keep this user friendly data. Mr. Fennell asked for fractile percentages and add as you go down the column.

Mr. Egan said that we looked at the Eagles study and the NTSA study.

#### Report on Aspirin

This report is for medical directors. Ms. Gaines said we have mock reports from ImageTrend. Mr. Radde asked if we can rank order of primary and secondary data element. Mr. Norlen said that we are looking for primary impression. Mr. Radde said that we can provide more than one primary impression. Mr. Egan said we need to ask ImageTrend how they rank this. Mr. Norlen said that this becomes a mapping issue. Mr. Radde said that you must exclude trauma. Ms. Donnelly said that this may be reported wrong as a

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primary impression. Dr. Satterlee said that there will be limitations to these reports and we want them to be useful and recognize that there will be limitations of data. Mr. Radde said that leads us back to the education and review of data. Ms. Gaines said that we need to speak to ImageTrend about multiple primary impressions. The goal is improvement in data quality.

Mr. Fennell suggested using aspirin as the sort. Mr. Egan said we discussed this and we want to accent the positive reporting and provide education. Ms. Biladeau said we are seeking information and the data analyst will be able to discuss this at the service level. Ms. Biladeau said we want the data analyst to hear from this committee.

Mr. Giese said that the percent will be equal throughout the company, region and state. We want to improve our outcomes. When we receive data we will begin to look at the differences in reporting. Mr. Radde said that this is learning.

Dr. Satterlee said that the reports and data analyst will provide great improvement in our data.

### 12 Lead for suspected cardiac chest pain

This is another report for the medical director. Dr. Satterlee asked if this should be the same data elements and why did the age element get added. Mr. Egan said we took this from NHTSA. If services do not provide aspirin or 12 lead they will receive a blank report. Mr. Giese said most services provide aspirin.

### CPAP for CHF (adult population greater than 18)

We are looking for the procedure CPAP. Dr. Satterlee suggested a change to the title of the report.

Mr. Fennell left at 3:10 p.m.

Dr. Satterlee said that this will depend on the service's protocol. Ms. Gaines said that we want the reports to be clean and logical. Mr. Egan said that he wants to see the report stay as is and change the title to dyspnea. Mr. Giese said we want services to progress and include this information. Ms. Gaines said that she will make this change.

### Regional System of Care Report: Major Trauma

Mr. Fraser said we want to look at GCS greater than 14. Dr. Satterlee said we need this GCS and trauma together. Mr. Giese asked to add transport code 3. Mr. Radde asked about other delay factors (weather). Ms. Gaines said that this fits the Eagles study. Mr. Radde said that there is a difference between rescue and ripping apart the car to extricate a patient. Dr. Satterlee said that we do not want to over complicate the report.

### Regional System of Care: Stroke Screen Performed

Mr. Radde said that this is another potential report. This is a statewide initiative. We do not collect these data elements in 2.0. There is not enough information in our data set. We should hold on this. We discussed scene times and data completeness on the run sheets. These were dropped for now.

Ms. Gaines said we were looking for two reports in each category and will have a compact package to provide to ambulance services and medical directors. ImageTrend said that services can provide a lot of information on their own. Mr. Radde said that once you provide reports and the data analyst provides information the service will want to pull more information. Then the service will need to understand the filtering in the reports. Dr. Satterlee said we should include the filters in the system so that services can re-create the reports.

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Mr. Norlen said that the implementation plan would include the following steps. We want to ask for Board approval at the November 17 meeting. We need to discuss costs with ImageTrend and that would be a show stopper. Dr. Satterlee said that this would be a great step forward for the committee. Ms. Gaines said we would like a motion on this to forward this to the Board.

Motion from the committee: Initiative 4 work group moves and seconds: that the Data Policy Standing Advisory committee approves this set of reports, and forwards it to the EMSRB for the Board's approval.

Ms. Biladeau said that it may be difficult to include this on the agenda for the November meeting and may need to wait until January. The committee can move forward on development but not have Board action until January. Ms. Gaines said that this would also provide information for the pre-hospital care workgroup. We want to prove MNSTAR being useful. We need support from the Board. Dr. Satterlee asked that the Executive Committee address this. Ms. Biladeau asked if a shorter presentation could be made and then request action from the Board. Dr. Satterlee said that there should not be resistance from the Board. He said he does not see opposition for this to move forward.

Vote on motion. Motion carried.

Ms. Donnelly left at 3:30 p.m.

### **IX. 2012 Meeting Schedule**

Dr. Satterlee asked if DPSAC should be suspended until we have a recommendation from the Pre-hospital care workgroup. This is a mandated committee. This may change the work of the DPSAC. Dr. Satterlee said that the initiative 4 workgroup has done the bulk of the work. That work should continue. Is there other pending work that we can suspend? Mr. Radde suggested that we want to receive information on the Attorney General's opinion on data releases. We can postpone the meeting until we have that information. Mr. Fraser asked if there will be issues on 3.0. Dr. Satterlee said that the pre-hospital care data workgroup may make a recommendation on changing to 3.0.

Ms. Gaines said we want to be respectful of this legislatively mandated group. If there is nothing urgent for us to meet about we could yield.

### **X. Other Business**

None.

### **XI. Next Meeting**

February 13, 2012, 1 p.m. – 4 p.m.

Dr. Satterlee said he would like to limit the meeting to 3 hours.

### **XII. Adjourn**

Mr. Egan moved to adjourn. Mr. Giese seconded. Meeting adjourned at 3:43 p.m.